



Tobacco Smoke

The Truth Will Leave You Smoldering!

Tobacco Smoke: The Truth Will Leave You Smoldering!

Foreword

There has not been a consumer product in the history of the United States that has taken such a high toll in human lives as tobacco. For comparison, consider the drug ephedra. Ephedra has allegedly caused several deaths. Consequently, discussions by regulators are underway that may declare ephedra to be an unsafe drug and pull it from the consumer market. Now, ask yourself this question: “How does the number of lives that ephedra claims each year compare to the number of lives lost to tobacco use?” The answer is simply . . . there is no comparison. When it comes to claiming human lives, tobacco is in a league all by itself!



While this series of four studies will focus primarily on tobacco smoke, the adverse health effects of tobacco use are not limited to smoking. Greater emphasis is put on tobacco smoke (e.g. cigarette smoke) because it affects both the smoker and nonsmoker.

These studies are not intended to embarrass or harass the user of tobacco products. The concern is for the health of the smoker and the non-smoker, and for the example that one sets before others (e.g. young people). Ignoring the problem or being afraid of hurting someone’s feelings will not help to address the problem. This effort is devoted solely to educating about the hazards of tobacco smoke. Careful attention has been given to ensure that only the most credible sources of information have been used (e.g. NIOSH – the National Institute for Occupational Safety and Health, CDC – the Centers for Disease Control, EPA – the Environmental Protection Agency, American Lung Association, American Cancer Society, and the American Heart Association). There is a vast amount of information readily available about the hazards of tobacco smoke. The following discussions do not attempt to cover all the points or details that could be studied. Hopefully, the points that are made will create a desire to learn more. Leave no doubt in your mind, the ultimate goal is to educate, motivate, and empower tobacco users to “kick” this deadly habit.




My interest in this subject? Studying safety and health as a college major and working as a safety, health, and environmental professional makes this a subject hard to ignore - - when considering risk vs. gain, “What gain is there from tobacco use?” becomes the key question. Being a medic makes this a hard subject to ignore - - medics are trained to help people stay alive, not idly stand by while they die. Losing both parents to the harmful effects of tobacco smoke makes this subject really hard to ignore - - putting a name and a face with a “statistic” creates a very different perspective. And being a Christian makes this a hard subject to ignore - - God has better things in mind for his people than for them to destroy their body, their example, and possibly, their soul.

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Scriptural References & Comments – NKJV


Initial Comments: This section of the foreword was added to help the Christian focus on this topic from a spiritual, as well as a secular, view. The memos originally targeted a secular audience, but hopefully will find some benefit and use among God’s people. Christians are encouraged to consider the following passages of scriptures (as well as others that apply e.g. 1 Corinthians 6:20; 9: 24-27) before they read the four memos on the hazards of tobacco smoke. The intent is to educate the Christian (both spiritually and secularly) that may be tempted to use tobacco products (e.g. young people), those who are currently using a tobacco product, or Christians that may live or work with those who expose them (or others) to the hazards of tobacco smoke. The ultimate goal is to educate, motivate, and empower tobacco users to “kick” this deadly habit.

 Scripture: “Now may the God of peace Himself sanctify you completely; and may your whole spirit, soul, and body be preserved blameless at the coming of our Lord Jesus Christ.”
1 Thessalonians 5:23


Comment: Man is a three-fold being: spirit, soul, and body.

 Scripture: “If you instruct the brethren in these things, you will be a good minister of Jesus Christ, nourished in the words of faith and of the good doctrine which you have carefully followed. But reject profane and old wives’ fables, and exercise yourself rather to godliness. For bodily exercise profits a little, but godliness is profitable for all things, having promise of the life that now is and of that which is to come.” 1 Timothy 4: 6-8


Comment: While the emphasis is definitely upon the spiritual side of man (spirit or soul), this does not imply that we totally ignore the physical side (body). Consider the context: vs. 1-8. Good health should be desired - - even requested in prayers offered up to God, not willfully destroyed: “Beloved, I pray that you may prosper in all things and be in health, just as your soul prospers.” 3 John 2

 Scripture: “And these signs will follow those who believe: In my name they will cast out demons; they will speak with new tongues; they will take up serpents; and if they drink anything deadly, it will by no means hurt them” . . . Mark 16:17-18

Comment: Two of the signs that would follow the believers (apostles), was the taking up of serpents **and** (a coordinating conjunction that connects two equal parts) drinking a deadly substance . . . with no harmful effects suffered. The only example we can find of either event happening is in Acts 28:1-6. Here is the point: God promised the apostles protection, but did they deliberately put themselves in harm’s way? No! To deliberately do so would be “tempting the LORD” - - see Matthew 4:5-7. Consider this point as you read the four memos.

 Scripture: “So husbands ought to love their own wives **as** their own bodies; he who loves his wife loves himself. For no one ever hated his own flesh, but nourishes and cherishes it, just **as** the Lord does the church.” Ephesians 5:28-29 (emphasis is mine)

Comment: The inspired writing helps husbands understand the degree of love they should feel for their wives. The depth of the husband’s love for his wife ought to be comparable to that which he displays for his own body – “for no one ever hated his own flesh, but nourishes and cherishes it.” To view this principle on a higher level, the inspired word directs our attention to the Lord and the church; one nourishes and cherishes his body just **as** the Lord does the church. Is the deliberate, premature destruction (e.g. the use of tobacco products) of the body in keeping with this passage? If so, then how should a husband treat his wife . . . and the Lord treat the church?

 Scripture: “ I press toward the goal for the prize of the upward call of God in Christ Jesus. Therefore let us, as many as are mature, have this mind; and if in anything you think otherwise, God will reveal even this to you. Nevertheless, to the degree that we have already attained, let us walk by the same rule, let us be of the same mind. Brethren, join in following my example, and note those who so walk, as you have us for a pattern.” Philippians 3:14-17

Comment: God’s people, who are focused on an eternal home in heaven, are acutely aware of the necessity of both following, and being, the proper example.

 Scripture: “I can do all things through Christ who strengthens me.” Philippians 4:13

Comment: Consider the strength the Lord offers and how it empowered even “drunkards” (those addicted to alcohol) to leave that lifestyle behind as they prepared for an eternal home with the Lord e.g. 1 Corinthians 6:10.

Dealing With Some of the Arguments to Justify Tobacco Use: Many Christians struggle with health problems. Diabetes and obesity are two obvious examples. If a Christian does not keep their blood sugar or weight within “healthy” ranges, are they comparable to the one who uses tobacco (some use this argument in an attempt to justify tobacco use)? No! Although diabetes, obesity, and tobacco use are all health related matters, there is still a major difference that must be considered. The diabetic struggles to control a disease where the body does not effectively utilize the sugar (glucose) that is consumed. It is a constant battle to consume the necessary nutrients for the body to function while controlling the glucose levels within an acceptable range. The obese person struggles to balance the necessary calorie intake with the amount that the body actually needs. The diabetic’s or the obese Christian’s struggle to meet their nutritional needs while minimizing sugar or caloric intake can be very challenging. Comparing these health problems to the use of tobacco products . . . well, frankly, there is no comparison to be made! Tobacco is not a necessary nutrient for bodily function as is sugar or calories. Tobacco use does not belong in the same discussion as diseases or conditions that present the challenge of trying to determine the exact amount of a nutrient that the body needs. Instead, tobacco use belongs in discussions of peer pressure, substance abuse, drug addiction, and the example we set before others.

What harm is there in one cigarette (this seems to be another argument for tobacco use)? Hopefully, one cigarette will not ruin your health. It is known that, given enough exposure to tobacco, the body will develop an addiction to nicotine. No one can predict exactly when that will be for any one person. Hopefully, you have already read the previously mentioned scriptures; now read the memos. After reading the memos, come back and read the scriptures again (also considering Hebrews 12:16-17 - - Esau’s trade for “one morsel of food”), and answer the question for yourself. My questions are, “What reason is there to smoke one cigarette?” and “Who is really interested in smoking just one cigarette?” If you have a credible answer to either question, I would like to hear it.

I have heard this statement on several different occasions: “Tobacco use calms and relaxes me” (this argument is presented by those who use tobacco products). I personally believe that their assessment is quite accurate - - it is accurate because continued tobacco use fuels their craving for the nicotine that the body has become dependent upon. They feel calm and relaxed because their nicotine craving is temporarily fulfilled (remember these points when you read memo #2).

Desiring that you have a long and prosperous life in the Lord’s service,
. . . Denny Anderson

PART I

Tobacco Smoke: The Truth Will Leave You Smoldering!



Introduction



Tobacco use, especially the smoking of cigarettes, was advertised and endorsed by prominent celebrities during the early years of motion pictures. Seeing actors smoke in the movies and endorse tobacco products contributed to smoking becoming socially acceptable and led to it being viewed as elevating one's glamour and social status. While smoking has remained socially acceptable for many years, a less-than-glamorous aspect of tobacco smoke has emerged. Part I of our series of studies introduces us to the relevant statistics and the warnings concerning the hazards of tobacco smoke.

The Statistics

Most of us would not find a discussion of statistics to be interesting or thought provoking. If that is your initial reaction, take a moment to think of what each "statistic" represents.

Tobacco smoke: how many people are affected by it?

"Tobacco use remains the leading preventable cause of death in the United States, causing more than 400,000 deaths each year . . . Each year, smoking kills more people than AIDS, alcohol, drug abuse, car crashes, murders, suicides, and fires – **combined**." (CDC - Centers for Disease Control)

Consider the number of deaths from another perspective:

"Smoking in the United States kills more than all the battlefield deaths in World War I (53,000), World War II (292,000), and Vietnam (47,000), **combined**. Unlike the deaths in those wars, or the 37,000 who died in Korea, this killing never stops." (Houston Chronicle, July 2001)

Consider the loss of life on an individual level:

"Nationally, smoking results in more than 5 million years of potential life lost each year." (CDC) $[5,000,000 / 400,000 = \mathbf{12.5 \text{ years per person}}]$

The Warnings


According to a Center for Disease Control (CDC) Historical Fact Sheet, smoking was first linked to lung diseases in the late 1940s and the early 1950s. Chronologically, these are the early warnings:

- ✦ In 1956, a Surgeon General's scientific study group determined that there was a causal relationship between excessive cigarette smoking and lung cancer
- ✦ In 1965, Congress passed the Federal Cigarette Labeling and Advertising Act requiring the warning "Caution: Cigarette Smoking May Be Hazardous to Your Health" on all cigarette packages
- ✦ In 1969, Congress passed the Public Health Cigarette Smoking Act. This Act prohibited cigarette advertising on television and radio and required that cigarette packages be labeled "Warning: The Surgeon General Has Determined That Cigarette Smoking Is Dangerous to Your Health"
- ✦ In 1984, Congress passed the Comprehensive Smoking Education Act. This Act required these four health warnings to be rotated on a quarterly basis on all cigarette packages:
 - ? SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, and May Complicate Pregnancy
 - ? SURGEON GENERAL'S WARNING: Quitting Smoking Now Greatly Reduces Serious Risks to Your Health
 - ? SURGEON GENERAL'S WARNING: Smoking by Pregnant Women May Result in Fetal Injury, Premature Birth, and Low Birth Weight
 - ? SURGEON GENERAL'S WARNING: Cigarette Smoke Contains Carbon Monoxide

While these early concerns and warnings focused on educating the smoker about personal health risks, the 1990s brought new attention to the dangers of tobacco smoke. Consider the warnings of the 90s:



- ✦ In 1991, NIOSH (National Institute for Occupational Safety and Health) released *Current Intelligence Bulletin 54: Environmental Tobacco Smoke [ETS] in the Workplace; Lung Cancer and Other Health Effects*. The bulletin stated that ETS contains many of the toxic chemicals and carcinogens (cancer causing agents) that are present in mainstream smoke (the smoke that the smoker inhales) in diluted form. **NOTE: Current Intelligent Bulletins are issued by NIOSH to provide new data or update existing information about chemical substances or hazards found in the workplace.**
- ✦ In 1992, the Environmental Protection Agency (EPA) released a report in which it classified ETS as a Group A, or "known human" carcinogen - - a category reserved only for the most dangerous agents that cause cancer. **NOTE: A known carcinogen is a substance for which a cause-effect relationship has been established.**
- ✦ In 1995, The National Center for Health Statistics issued a news release by the Department of Health and Human Services entitled "*Exposure to Second-Hand Smoke Widespread.*" This report stated that "nearly 9 out of 10 non-smoking Americans are exposed to environmental tobacco smoke [emphasis mine], as measure by the levels of cotinine in their blood, according to a study conducted by the HHS' Centers for Disease Control and Prevention." The data was published in the Journal of the American Medical Association and documented, for the first time, the widespread exposure to ETS. **NOTE: Cotinine is a chemical by-product of the body's metabolism of nicotine: nicotine is the parent chemical . . . cotinine the metabolite.**

With over 400,000 Americans dying prematurely each year due to the effects of tobacco smoke, it is very obvious that many Americans continue to smoke. The obvious question is, "Why?" Part II of these studies focuses on the reason why smoking continues - - nicotine. 

PART II
Tobacco Smoke:
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Part II of these studies on tobacco smoke focuses solely on nicotine.

Nicotine: the Root Cause of the Problem

Generally speaking, smoke of any kind is irritating. This prompts an obvious question, “Why does someone start smoking?” Smoking cigarettes, cigars, or pipes has been socially acceptable for many years. Peer pressure creates within many the desire to be accepted by other people. A second question then comes to mind: “Why does someone continue to smoke when they become aware of the health risks?” Because over time, smoking becomes very addictive. It is not the smoke that the smoker becomes addicted to, but to something in the smoke - - nicotine.

Nicotine is the sole component in tobacco that is responsible for the addiction that the user undergoes. To understand nicotine better, we will examine its former uses, toxicity, the addiction process, and how it affects the cardiovascular system.

Former Uses: I was stunned when I first learned in a college toxicology class that nicotine was previously used as an insecticide! Seeking more information, I looked up “nicotine” in volume 5 of the Encyclopedia of Chemical Technology, which referred me to alkaloids and insect control technology (volumes 1 & 13, respectively). In those articles I found that nicotine was indeed used as an agricultural insecticide - - as a contact poison for aphids and a greenhouse fumigant. I was also recently surprised to hear this information from a very unlikely source - - a TV rerun. If you’re a fan of the Andy Griffith show, look for the rerun where a handyman comes by and offers to spray Andy’s shrubbery with an insecticide: nicotine - - the handyman specifically mentions it by name. The Encarta online encyclopedia adds additional information: “Nicotine is a very powerful poison, and it forms the base of many insecticides.” How many current users of tobacco are familiar with these aspects of nicotine’s history?

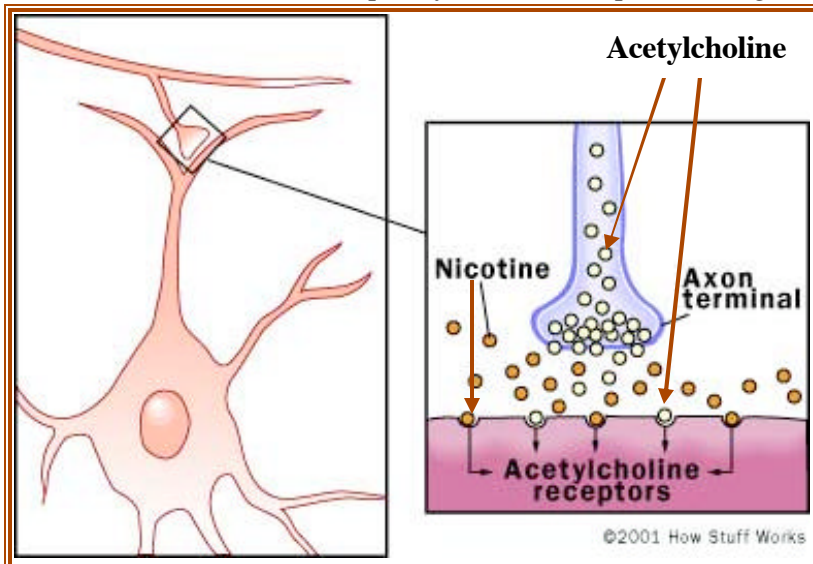
Toxicity: Sixty mg. of nicotine is considered the lethal dose for an adult. Although the smoker absorbs only about 1 mg. of nicotine per cigarette smoked, the cigarette actually contains about 15 – 20 mg. of nicotine. It should not surprise us that every year many children require emergency treatment after eating cigarettes or cigarette butts. NIOSH offers us another perspective of nicotine’s toxicity: in July of 1993, NIOSH issued a warning to tobacco harvesters of the risk of developing green tobacco sickness (GTS). This warning was prompted because 47 harvesters sought emergency treatment in a five-county area of Kentucky alone during a two-month period in 1992. **NOTE: GTS is caused when moisture enhances the workers’ absorption of nicotine during handling and harvesting of the tobacco. Excessive nicotine exposure displays the same symptoms as organophosphate and carbamate insecticide poisoning.**



The addiction process: Generally, nicotine is a stimulant that affects the brain in five ways:

- 1) Nicotine reaches the brain within 15 seconds after tobacco smoke is inhaled and initially causes the rapid release of adrenaline (epinephrine) - - the “fight or flight” hormone
- 2) Nicotine triggers the dopamine reward system, which enhances feelings of well-being, happiness, and pleasure **NOTE: Amphetamines, cocaine, and opiates (e.g. morphine, codeine) activate the dopamine reward system in a similar way**
- 3) Nicotine increases the level of endorphins, the body’s natural pain killers
- 4) Nicotine releases glutamate, which enhances the connections between nerve neurons
- 5) Nicotine ($C_{10}H_{14}N_2$) causes a burst of nerve receptor activity by closely resembling acetylcholine ($C_7H_{17}NO_3$) **NOTE: Acetylcholine is a neurotransmitter that bridges the gap from one nerve to the next nerve receptor to continue the message from the brain to the heart, lungs, and muscles (See picture below)**

One aspect of the addiction process: Unlike acetylcholine, nicotine is not regulated by the body. Exposure to the high levels of nicotine over time causes the brain to adapt. The brain cuts back on both its production of natural stimulators and decreases the use of many receptors that monitor the level of stimulation. Consequently, the brain adapts to the higher level of stimulation provided




by nicotine - - this condition then becomes the brain’s “normal mode of operation.” Because nicotine’s effects last only about two hours, the smoker must smoke continuously throughout the day to maintain the level of nicotine the smoker has become accustomed to. As the body becomes tolerant to the effects of nicotine, the smoker needs to smoke more and more to achieve the same level of

satisfaction. (Primary reference sources for the previous information: various Material Safety Data Sheets, Merriam-Webster’s Medical Desk Dictionary, and the How Stuff Works website.)

Effects on the cardiovascular system: Nicotine not only affects the brain, but also has both immediate and long-term effects on the heart and blood vessels (the cardiovascular system).

Nicotine’s immediate effects to the cardiovascular system include:

- ✗ An increase in the heart rate - - caused by the release of adrenaline
- ✗ An increase in blood pressure - - by causing the arteries to contract
- ✗ An increase in platelet adherence (the platelets become stickier)

In practical terminology, nicotine causes the heart to beat faster, the blood pressure to rise, and the platelets to be stickier than normal. Combine these “ingredients” with the long-term effects of aging on the cardiovascular system, and you have the perfect “recipe” for a heart attack or stroke. How significant is the risk? The American Heart Association estimates that of the 400,000 yearly deaths caused by smoking, 43% (or 172,000) of the deaths result from cardiovascular disease. 

PART III

Tobacco Smoke: The Truth Will Leave You Smoldering!



Part III of this series of studies on tobacco smoke discusses the defenses of the respiratory system, the components of tobacco smoke, and how tobacco smoke affects the respiratory system.

The Defenses of the Respiratory System

A brief description of the respiratory system's defenses is given in volume 7 of *The World Book Encyclopedia of Science – The Human Body*:

“The body has various means of preventing and combating disease or injury in the **delicate respiratory system** [emphasis mine]. Mucous membranes warm and moisten inspired air to prevent it from chilling or drying the bronchioles and alveoli. Cough and sneeze reflexes expel food and other particles that find their way into the respiratory passages and the bronchial tree. Inside the alveoli, cells called phagocytes swallow bacteria and dust, and tiny whiplike cilia projecting from the inner walls of the bronchial tree lash these foreign bodies up toward the trachea in blobs of mucus, which are coughed up as phlegm.” **NOTE: In the preceding quote, the phrase “delicate respiratory system” was highlighted to emphasize that, although the body has built in defenses to protect itself, the respiratory system should still be considered as being delicate or fragile.**

The Components of Tobacco Smoke



Now that we have an overview of how the respiratory system works, let's obtain an overview of the components that make up tobacco smoke. Tobacco smoke is a complex mixture in which more than **4,000** individual compounds have been identified. At least **40** of the chemicals are classified as **known carcinogens** . . . and an additional **20** are classified as **tumor initiators or promoters** . Some of more notable carcinogens contained in tobacco smoke are acrylonitrile, arsenic, benzene, cadmium, formaldehyde, lead, nickel, polonium-210 (a naturally occurring source of *alpha radiation found in tobacco) and vinyl chloride. Also included among the chemicals are acids (acetic, formic, lactic), chemical asphyxiants (carbon monoxide and hydrogen cyanide), hydrocarbons, toxins (nicotine, phenol), irritants (ammonia), and solvents (acetone, methanol, and toluene).

NOTE: *Alpha radiation is easily shielded by the skin. It is considered harmful only when it enters the body. Ask yourself this question: “Where does the tobacco smoke go when it is inhaled?”

How tobacco smoke affects the respiratory system

The “full impact” of the effects of tobacco smoke are frequently overlooked because neither the smoker nor the nonsmoker exposed to tobacco smoke suffer acute health effects (e.g. do not fall over dead immediately). The smoker focuses on satisfying the body’s craving for nicotine and ignores the long-term health effects. While it is true that the individual component levels in tobacco smoke are very low, the separate components do not act individually upon the body. Rather, synergism occurs - - the adverse health effects are greatly multiplied! Consequently, we should not be surprised with the Surgeon General’s conclusion that smokers have significantly greater risks for developing lung disease when compared to nonsmokers. Note the increased risks:

- × **14x** greater risk of developing lung cancer
- × **10x** greater risk of developing chronic obstructive pulmonary disease (i.e. chronic bronchitis and emphysema)

NOTE: The source of this statistical information? - - R. J. Reynolds Tobacco Company’s website!

Another Perspective of the Effects of Tobacco Smoke on the Respiratory System

The respiratory surface in the lungs range from about **300 sq.ft.** during exhalation to about **1,000 sq.ft.** during maximum inhalation. The membrane separating the air in the alveoli from the circulating blood may be only one or two cells thick. It is evident that the lungs represent the body’s largest area that can be exposed to the harmful effects of hazardous chemical substances. (National Safety Council, *Fundamentals of Industrial Hygiene*, p.41) The picture on the right shows what a healthy lung looks like (from a coroner’s viewpoint).




What effects do the 4,000 chemicals in tobacco smoke have on the lungs? Compare the diseased smoker’s lung (bottom right) with the non-smoker’s lung (top right). We should be reminded of the **delicate nature of the respiratory system**. Does the picture of the smoker’s lung suggest tissue that has suffered no adverse health effects from tobacco smoke?

(NOTE: Source of pictures – the American Lung Association website – copyright ALA – permission to use for educational purposes)



To summarize Part III of our study, there should be no doubt about the truthfulness of this quote from the Philip Morris USA website: **“There is no ‘safe’ cigarette.”**

(http://www.philipmorrisusa.com/health_issues/default.asp) 

PART IV
Tobacco Smoke:
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Part IV (the final part) of this series on tobacco smoke discusses non-smokers exposed to tobacco smoke, chewing or smokeless tobacco, the cancer statistics, the lack of federal regulations, quitting smoking, notable celebrities that smoked, and a final comment.

What About Nonsmokers Who Are Exposed to Tobacco Smoke?



Are the dangers limited to smokers? In 1991, a Current Intelligence Bulletin from NIOSH, entitled *Environmental Tobacco Smoke in the Workplace; Lung Cancer and Other Health Effects*, stated that “research on the toxicity and carcinogenicity of tobacco smoke has demonstrated that the health risk from inhaling tobacco smoke is not limited to smokers, but also includes nonsmokers who inhale ETS [Environmental Tobacco Smoke].” A year later, an EPA report concluded that ETS causes lung cancer in adult nonsmokers and serious respiratory problems in children (CDC, *Clean Indoor Air Regulations Fact Sheet*, p.1).

What About Chewing or Smokeless Tobacco?

While this series of studies has focused on the harmful effects of tobacco smoke, this does not suggest that other forms of tobacco use are without adverse health effects and increased risks of various cancers. By the mid-1980s, scientific evidence revealed that smokeless tobacco use causes oral cancer, nicotine addiction, and other health problems. The Comprehensive Smokeless Tobacco Health Education Act of 1986 (Public Law 99-252) required three rotating warning labels on smokeless tobacco packaging and advertisements:

WARNING: This product may cause mouth cancer

WARNING: This product may cause gum disease and tooth loss

WARNING: This product is not a safe alternative to cigarette

The Cancer Statistics

Lung cancer: Over 90% of lung cancer cases are caused by cigarette smoking. The cure rate for lung cancer is only 12 – 15%. Lung cancer has now become the #1 cause of cancer deaths in both men and women in the United States. (<http://ourworld.compuserve.com/homepages/LungCancer/>)

Other cancers: “In the process of clarifying the relationship between smoking and lung cancer, epidemiologists also eventually documented increased risks of laryngeal, oral, esophageal, bladder, pancreatic, and renal cancers associated with cigarette smoking.” (*Investigating Disease Patterns – The Science of Epidemiology* p.68)

Why Are There No Federal Regulations?

At this point, an appropriate question might be, “If the statistics and concerns over the dangers of tobacco smoke are so convincing, why are there no federal regulations that govern it?” Perhaps the best answer is viewing this matter from a political perspective. The tobacco industry is one of the nation’s oldest and largest. The following quote seems to describe the situation quite accurately:

“Tobacco represents a lot of people; people who grow it, people who process it, people who sell it, yes, even people who use it.

JOBS + VOTES + MONEY = CONGRESS POWER.”

(<http://usgovinfo.about.com/library/weekly/aa111398.htm>)

Want to Stop Smoking?



No one can make the smoker stop smoking; the smoker is the only one who can stop this deadly habit. Generally speaking, the success rates for those who try to stop smoking are low. Since the success rates are low, and considering that many smokers desire to stop smoking, that should provide us with a good idea of just how strong the addiction to nicotine is. **NOTE: This does not mean that tobacco users cannot quit; it just means that it will not be as easy as we would like.** The statistics reveal one important factor about becoming an ex-smoker; the more educated you are, the more likely you are to “kick the habit.” What does education have to do with it? Education should empower one to thoroughly study an issue, sort out the truth from biased reasoning, understand what is happening, and seek the best treatment for the problem. Hopefully, this discussion will educate and empower those who desperately need to see the truth of the dangers of tobacco smoke. Helping the smoker realize that they are not the only one affected by the smoke should be an added incentive to quit. Remember this point the next time you see someone smoking in an automobile that is also occupied by others (especially babies & children) Smokers should also consider that some deaths are harder and uglier than others. While I won’t try to “shock you” with gross details, let me just simply suggest that everyone doesn’t die peacefully in their sleep!

Quitting: There is Hope!

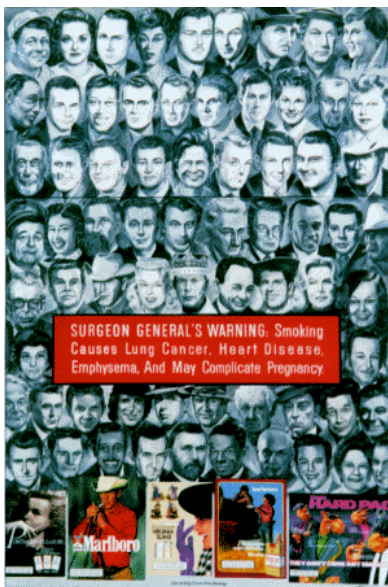


There is no one right answer that will work for every person that desires to stop smoking. Education plays a significant part. How? By understanding the addiction process and that it can be reversed! We discussed the addiction process in Part II of these studies. The body cuts back on its production of natural stimulation and receptors while adapting to higher levels of nicotine stimulation. When the body ceases to receive nicotine, it will gradually resume its normal production of stimulants, activate the necessary receptors, and return to the pre-nicotine status. But it may take **five weeks or longer** for this to occur. The cravings for nicotine may be intense during this time. A nicotine replacement product (gum, patch, etc.) may be necessary during this time to help “wean” the body from the nicotine craving. It is of the utmost importance to remember that

this craving will gradually subside. At this point, motivation can make all the difference between success and failure. The smoker desiring to stop smoking should treat this as a matter of life and death - - literally. I have spoken with people who have stopped smoking because they had young children and did not want to be a bad example to them . . . or expose them to the harmful effects of tobacco smoke. Both reasons are good motivators. Whatever the motivation, the desired result is to overcome the nicotine addiction and allow the body to start its healing process. Smokers should work with their physician to develop a course of action to “kick” this deadly habit.

Notable Celebrities Killed by Tobacco Smoke

While the movie industry previously portrayed smoking as being glamorous and elevating one’s social status, it is only fitting that we also consider the not-so-glamorous demise for some of the celebrities that smoked.



The following is a list of prominent celebrities that were heavy smokers and died from smoking related illnesses:

Nat “King” Cole	Yul Brynner
Michael Landon	Ed Sullivan
Betty Grable	Desi Arnaz
Humphrey Bogart	Duke Wellington
Gary Cooper	Betty Davis
Sammy Davis, Jr.	John Wayne
Walt Disney	

(From the website:
<http://www.saclung.org/thumbs/TUTDcelebs&smoking.htm>)

Final Thoughts

“Tobacco use remains the leading preventable cause of death in the United States, causing more than 400,000 deaths each year” . . . (CDC). There is probably not a single one of you who is reading this discussion that has not experienced the loss of a family member, dear friend, or co-worker to the deadly effects of tobacco smoke. Their names also became a part of the growing list of names that combine to give us the statistics that tell the tale - - or rather, the truth - - about tobacco smoke. If you use tobacco, you don’t have to be a part of the growing number of “statistics.” There is no better time to stop than right now; do it for yourself . . . and for those around you! While death is inevitable, why speed up the process? 